INTERNET FORM NLRB-501 (11-94)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

 FORM EXEMPT UNDER 44 U.S.C. 351	2
DO NOT WRITE IN THIS SPACE	ī

DO NOT WRITE IN THIS SPACE		
Case 1-CA-43780	Date Filed 2/14/2007	

INSTRUCTIONS:

1. EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer The Dipwell Company		b. Number of Workers Employed 4
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
106 Industrial Drive Northampton, Mass. 01060	Lynn Perry Aldstat	(413)587-4673 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) factory	g. Identify Principal Product or Service production of stainless steel running	ng wells
 The above-named employer has engaged in and is engaging subsections) practices are unfair practices affecting commerce within the 	of the National L	ection 8(a), subsections (1) and (list abor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor	practices.)
trained at my job since on prior dates I had asked other to tell any other employee what to do. The next day I was a superior of the second of	Qo 2	ned 2/15/2007
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(c)	name, including local name and number)	
4a. Address (street and number, city, State, and ZIP Code)	- 1945	4b, Telephone No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Fax No.
5. Full name of national or International labor organization of wh	ich it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor organization)
(b) (6), (b) (7)(C	hat the statements are true to the best	
(b) (6), (b) (7)(C)	Eax No (b) (6), (b) (7)((Title,if any) February 09, 2007
Address	and the same of th	none No.) Date

INTERNET FORM NLRB-501 (11-94)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PORCE EXEMPT UNUER 44 U.S.C. 35	
DO NOT WRITE IN THIS SPACE		
1-CA-43819	Date Filed 3/15/2007	

MICTO	ICT	-	

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

ccurred or is occurring.	GAINST WHOM CHARGE IS BROUGHT	
8. Name of Employer	SAINST THOM CHARGE IS BROUGHT	b. Number of Workers Employed
Sibling Rivalry		25 people
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
	(b) (6) (b) (7)(C) PLI-239-2338
525 Tremont street Boston, MA ONIL	(5) (5), (5) (1)(Fax No.
Type of Establishment (fectory, mine, wholesaler, etc.)	g. Identity Principal Product or Service	<u> </u>
food industry	Fine dinning establishing	nent Dinner
The above named employer has engaged in and is engaging in und subsections) (Seck and Deck sono Seck and Deck and Deck sono Seck and Deck	leir tabor practices within the meaning of Section of the National Laboring of the National Laboring of the Act. Discourse of the Act.	n 8(e), subsections (1) and (list r Relations Act, and those unfair labor Seconds S
Basis of the Charge (set forth a clear and concise statement of the		
annual at the content of the state of the state of the state of the	A STATE OF THE STA	12.4
65 24k		
11 18 18 18 18 18 18 18 18 18 18 18 18 1		
	0 1 1	
	Issued 3/	15/2007
	Je sed 3/	13/201/
the above and other acts, the above-named employer has int	terfered with, restrained, and coerced empl	oyees in the exercise of the rights
aranteod in Section 7 of the Act. Full name of perty filing charge (#labor organization, give full name,	Inchieffed band names and numbers	the second
b) (6), (b) (7)(C)	, including soom marks and marks are	
Address (street and number, cav. State, and ZIP Code)		dh Talanhara Na
o) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
7 (-7) (-7 (-7 (-7		PBX NO.
Full name of national or international tabor organization of which it is	san affiliate or constituent unit (to be filled in w)	nen charge is fied by a labor organization)
	6. DECLARATION	
(b) (6), (b) (7)(C) e read the above charge and the	hat the statements are true to the best of m	y knowledge and belief.
e or person making charge)	75	(Title,if any)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)	03.08.07
dress (D) (D), (D) (T)(D)	(Telephone)	200-01

FORM NLRB-501 (11-94)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 0.3.C. 331.	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
1-CA-43826	3/19/2007	

INST	TRU	CT	O	NS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.		
	ER AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer Sinclair Broadcast Group d/b/a/ WGME-TV		b. Number of Workers Employed approximately 75
c. Address (street, city, State, ZIP, Code)	d. Employer Representative Terry Cole	e. Telephone No. (207)797-1313
1335 Washington Ave Portland, ME 04103		Fax No. (207)878-3505
f. Type of Establishment (factory, mine, wholesaler, etc.) Television Broadcasting	g. Identify Principal Product or Service Television Broadcasting	
 The above-named employer has engaged in and is engaging subsections) practices are unfair practices affecting commerce within the 	of the National Labor F	8(a), subsections (1) and (list Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement		ces.)
By the above and other acts, the above-named employer h	has interfered with, restrained, and coerced employ	vees in the exercise of the rights
guaranteed in Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give full		
International Brotherhood of Electrical Workers, Local	1837 AFL-CIO	
4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No. 623-1030
16 Old Winthrop Road, Suite 1 Manchester, ME 04351		Fax No. 207-879-2447
5. Full name of national or International labor organization of whi	ch it is an affiliate or constituent unit (to be filled in whe	
International Brotherhood of Electrical Workers		
I declare that I have read the above charge By (Signature of representative or person making charge	6. DECLARATION and that the statements are true to the best of my Attorney	(Title # any)
P.O. Box 1400, Portland, ME 04104	Fax No. 207-879-244 207-879-1556	3/14/07
Address	(Telephone No	

FURM EXEMPT UNUER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NO	T WRITE IN THIS SPACE
Case	Date Filed
1-CA-43869	11 4/6/2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged untak labor practice occurred or is occurring.

	OYER AGAINST WHOM CHARGE IS BRO	
a. Name of Employer Nu Visions Manufacturing LLC		b. Number of workers employed 300+
c Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
225 Carando Drivo	Steve Puddles	(413)736-2121
Springfield, MA 01104 -		Fax No.
. Type of Establishment(factory, mine, wholesaler, etc.) lefense/medical contractor	g. Identify principal product or service manufacturing	The second secon
The above-named employer has engaged in and is and (list subsections)		neaning of section B(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affect. Basis of the Charge (set forth a clear and concise sta	The same of the sa	·
TO THE HUMAN RESOURCES DEPARTMENTHE DIGNORMS PULLED A YELLOW ENVELOR GETTING A PROMOTION, INSTEAD OF THE START OF THE DECISHION HAD ALREADY BEITHIS OF THAT THE DECISHION HAD ALREADY BEITHIS OF THAS ALWAYS BEEN A HATEFUL STARTED WORKING AT THIS COUNTY SHAAND (D) (G), (D) (7)(C) TO HOLD BACK CERLIKE OR THEY CONSIDERED A THREAT, SERIES OF EVENTS BASED ON SAFETY PLOBS, AND HAVING TO FILE A POLICE REME ON THE JOB SITE, THAT SUPERVISORS, INCOME SUPPOR BASED ON THE LAST-PAY-CHECK IN RATE OF \$ 12.24 PER HOUR, OR \$ 25,428.00 PER YEAR X 24 YEARS TOTAL AMOUNT DUE \$610,272,00	OPE OUT OF DESK AND I THOUSENED THE ENVELOPE AND I WAS AME WORK BUT THE MANAGER LEN MADE AND I HAD NO SAY IN ULL RACIST TYPE OF PERSON SINCE A COMMON GOAL ALONG WITTEN TYPES OF ETHNIC PEOPLE WAY TERMINATION WAS BASED ON PROBLEMS REQUESTING PROMOTION EPORT AGAINSTS A SUPERVISOR FOR SAID WOULD SEE TO MY TERMINAGERS. ST. WAS GIVEN MY WAGES WHERE 482.00 PER YEAR IN ORDER FOR A WAS A WORK FOR 24 MOOR Y \$610, 272.00 MAX	S INFORMED THAT D SENIORITY OVER D (6). (b) (7)(c) SAID THE MATTER, CE THE DAY I TH (b) (c). (b) (7)(c) THO THEY DID NOT I A LONG TERM IN TO ADVANCED FOR THREATING EMINATION BY AT AN HOURLY R ME TO REACH TEARS, SO Imployees in the exercise of the rights guaranteed in
b. Full name of party filing charge (if lebor organization, b) (6), (b) (7)(C)		4b. Telephone No.
4a. Address (Street and number, city, state, and ZIP co b) (6), (b) (7)(C)	(Oe)	(b) (6), (b) (7)(C)
		Fax No.
(b) (6), (b) (7)(C)		() -
Full name of national or international labor organizationg mixel not	tion of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor
) (6), (b) (7)(C)	DECLARATION arge and that the statements are true to the statement are true true to the statement are true to the statement are true	he best of my knowledge and belief. (b) (6), (b) (7)(c) (Printrype name and title or office, if any
(b) (6), (b) (7)(C)	(b) (6), (b)	(7)(C) 4/3 / 07
Address		(Telephone No.) (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

James 11-2007-9444

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FURM EREMPT UNI	EH 44 USC 2012
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DO NOT WRITE IN THIS SPACE Case Date Filed 4/6/2007 1-CA-43870

INST		

a. Name of Employer Nu Visions Manufacturing LLC		JGHT .
GOLDEN-GATE-CAPITAL		b. Number of workers employed 300+
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
ONE-EMBARCADERO-CENTER, 33 RD FLOOR SAN-FRANCISCO, CA 94111	Steve Puddles	1 (415) -627-4500. Fex No.
f. Type of Establishment (factory, mine, wholesaler, etc.) defense/medical contractor	g. Identify principal product or service manufacturing	
The above-named employer has engaged in and is engaged and (list subsections) and these unfair labor practices are practices affecting or	No. of the contract of the con	aning of section 8(a), subsections (1) of the National Lebor Relations Act,
MY JOB HAD BEEN TERMINATED, AT THIS PO TWO OTHER WORKERS THAT DO THE SAME THAT THE DECISHION HAD ALREADY BEEN M THIS HAS ALWAYS BEEN A HATEFULL F STARTED WORKING AT THIS CO STARTED WORKING AT THIS CO STARTED AND (b) (6), (b) (7)(C) TO HOLD BACK CERTAIN LIKE OR THEY CONSIDERED A THREAT, MY T SERIES OF EVENTS BASED ON SAFETY PROBLIOBS, AND HAVING TO FILE A POLICE REPOR ME ON THE JOB SITE, THAT SUPERVISOR SAIL GOING THROUGH OTHER SUPERVISORS, MANA	WORK BUT THE MANAGER DIADE AND I HAD NO SAY IN THE RACIST TYPE OF PERSON SINCE A COMMON GOAL ALONG WITH TYPES OF ETHNIC PEOPLE WHITERMINATION WAS BASED ON LEMS REQUESTING PROMOTION AGAINSTS A SUPERVISOR FOR DIFFERENCE TO MY TERMINATION SEE TO	(6), (b) (7)(C) SAID HE MATTER, THE DAY I H (b) (6), (b) (7)(C) O THEY DID NOT A LONG TERM TO ADVANCED R THREATING
BASED ON THE LAST-PAY-CHECK I WAS RATE OF \$ 12.24 PER HOUR, OR \$ 25,482.06 FULL RETIREMENT AGE I WOULD HAVE 'S \$ 25,428.00 PER YEAR X 24 YEARS = \$610, TOTAL AMOUNT DUE \$610,272.00 By the above and other acts, the above-named employer has Section 7 of the Act. 3. Full name of party filling charge (if labor organization, give f b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	O PER YEAR IN ORDER FOR TO WORK FOR 24 MOOR YE, 272.00 MAX.	ME TO REACH ARS, SO
CLAIM FOR WEEKLY INCOME SUPPORT BASED ON THE LAST-PAY-CHECK I WAS RATE OF \$ 12.24 PER HOUR, OR \$ 25,482.06 FULL RETIREMENT AGE I WOULD HAVE 'S \$ 25,428.00 PER YEAR X 24 YEARS = \$610, TOTAL AMOUNT DUE \$610,272.00 By the above and other acts, the above-named employer has Section 7 of the Act. 3. Full name of party filling charge (if labor organization, give to (b) (6), (b) (7)(C) 44. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	O PER YEAR IN ORDER FOR TO WORK FOR 24 MOOR YE, 272.00 MAX.	ME TO REACH ARS, SO ployees in the exercise of the rights guaranteed in

(b) (6), (b) (7)(C)

(Printitype name and title or office, if any)

4/3 / 07 (date)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

	OUT OF CHARLES TO THE SE	DER 44 U.S.C. 3512
WRITE IN	THIS SPACE	

DO NOT W	IRITE IN THIS SPACE
Case	Date Filed
1-CA-43888	4/18/2007

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice

	b. Number of Workers Employed 40
d. Employer Representative	a. Telephona No. 617-427-5226
Calvin McMillin, Manager/Director	Fax No.
g. Identify Principal Product or Service child care/education	
	(a), subsections (1) and (list elations Act, and these unfair labor
ed my employment in retaliation for my protected, issues related to poor working conditions in the	
er has interfered with, restrained, and coerced employ	vees in the exercise of the rights
	4b. Telephone No.
	g. Identify Principal Product or Service child care/education ng in unfair labor practices within the meaning of Section 8 of the National Labor Re meaning of the Act. ent of the facts constituting the alleged unfair labor practice ed my employment in retaliation for my protected

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
1-CA-44000	6/25/2007		

	A	75.1	at her	
INS	TRI	ICT	ın	NS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.		
1, EMPLOYER	R AGAINST WHOM CHARGE IS BROUGHT	
New Figling Cons	erates of Music	b. Number of Workers Employed 500
c. Address (street, city, State, ZIP, Edde) 290 / Hunting km the	d. Employer Representative	e. Felephone No. 555-1185 (6(9) 555-1185 (6(7) 362-0500
1. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify Principal Product or Service	(4(t) 00x-0500
School	education	
h. The above-named employer has engaged in and is engaging in subsections) i practices are unfair practices affecting commerce within the more	of the National Labor	n 8(a), subsections (1) and (Est Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting the elleged unfair labor prac	tices.)
ajainst me by discipline, coin part, bea	riticism and ause I encou as to speak up about Working	secuting, wase to
By the above and other acts, the above-named employer ha	as Interfered with, restrained, and coerced emp	
guaranteed in Section 7 of the Act. 3. Full name of party filling charge (if labor proenization, give full n	name including local name and number	
(b) (6), (b) (7)(C) 4a. Address (st (b) (6), (b) (7)		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	ch it is an affiliate or constituent unit (to be filled in w	l vhen charge is filed by a labor organization)
	and that the statements are frue to the best of n	ny knowledge and belief. (Title, if any)
(b) (6), (b) (7)(0	(b) (6), (b)	

	FORM EXEMPT	UNDER	44 U.S.C	351
181				_

Case

Date Filed

NOT WRITE IN THIS SPACE

//7/23/2007 1-CA-44063

INST		

a. Name of Employer	R AGAINST WHOM CHARGE IS BROU	GHT
North Shore Shuttle		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) 202 Tedesco Rd Marblehead MA -	d. Employer Representative Scott Comier	e. Telephone No. (781)631-8660 Fax No. (781)639-6251
f. Type of Establishment (factory, mine, wholesaler, etc.) transportation company	g. Identify principal product or service transportation services	(101)057 0251
h. The above-named employer has engaged in and is eng and (list subsections) (3) and these unfair labor practices are practices affecting		ning of section 8(a), subsections (1) of the National Labor Relations Act,
		aussa in the average of the sights guaranteed in
By the above and other acts, the above-named employer has Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)		
Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)		
Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) TOWNSTATE 5. Full name of national or international labor organization of	full name, including local name and number) (b) (6), (b) (7)(C) which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -
Section 7 of the Act. 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 10. Full name of national or international labor organization of organization)	(b) (6), (b) (7)(C) which it is an affiliate or constituent unit (to be 6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - De filled in when charge is filed by a labor

FORM EXEMPT UNDER 44 U.S.C 3512		FORM	EXEMPT	UNDER	44	U.S.	C	351	2
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OT WRITE IN THIS SPACE

Case

Date Filed 1-CA-44080

11 7/27/2007

NSTRUC	TIONS
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File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

	R AGAINST WHOM CHARGE IS BRO	
a. Name of Employer Hometown Auto Framingham d/b/a Framingham Nissan		b. Number of workers employed 60
c. Address (Street, city, state, and ZIP code) 571 Worcester Rd Framingham MA 01701-	d. Employer Representative Joc Shaker	e. Telephone No. (508)872-7600 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service auto sales	3
 h. The above-named employer has engaged in and is engand (list subsections) (3) and these unfair labor practices are practices affecting 		eaning of section 8(a), subsections (1) of the National Labor Relations Act,
On or about (b) (7)(c) 2007, the Employer, through (b)		/27/2007
By the above and other acts, the above-named employer h Section 7 of the Act. Full name of party filing charge (if labor organization, give	nas interfered with, restrained, and coerced en	nployees in the exercise of the rights guaranteed in
b) (6), (b) (7)(C)		4b. Telephone No.
4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
o) (8), (b) (7)(C)	(b) (6), (b) (7)(C)	Fax No.
Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to	o be filled in when charge is filed by a labor
(b) (6), (b) (7)(C)	6. DECLARATION e and that the statements are true to the	An Individual (Print/type name and title or office, if any)
(b) (6), (b)	o) (7)(C) (fax) () (b) (6), (b) (7)	7 24 2007
Address		Telephone No.) (date)

INTERNET FORM NLRB-501 (6-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case

1-CA-44114

Date Filed

8/13/2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

infair labor practice occurred or is occurring. 1. EN	PLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
MERRIMACK Valley No	utrition Hogram	unknown
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No. 978-686-1422
57 River Ra, Andover, M		Fax No.
f. Type of Establishment (factory, mine, wholesaler, e MEAIS ON WheelS PVOS YO		v to Seniors
and (list subsections)	d is engaging in unfair labor practices within the mean	of the National Labor Relations Act, and these
commerce within the meaning of the Act and th	e Postal Reorganization Act.	and the production of the control of
I was I legally fire four of my who is the line of my anjustified. I be line activity	statement of the facts constituting the alleged unfair le (b) (6), (b) (7)(c) 2007 There whs no warning eve it was concern	along with ng and was tea Protected
3. Full name of party filling charge (if labor organization) (b) (6), (b) (7)(C)	Jamed 8/14/, ion, give full name, including local name and number)	2007
4a. Address (Street and number, city, state, and ZIP	code)	4b.(b) (6), (b) (7)(C)
(b) (6), (b) (7))(C)	Fax
Full name of national or international labor organization)	zation of which it is an affiliate or constituent unit (to b	e filled in when charge is filed by a labor
By ge)	6. DECLARATION charge and that the statements are true to the b	(Printrype name and the or office, if any)
Address_(b) (6), (b)	(7)(C) (b) (6)), (b) (7)(C) 8-9-07

Aug. 20, 2007

INTERNET FORM NLR8-501 (0-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S C 3512 DO NOT WRITE IN THIS SPACE Case Date Flied 1-CA-44123

INSTRU	IOT	Chic.
INSTRU		UNN

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

unfair labor practice occurred or is occurring. 1. EMPLOY	ER AGAINST WHOM CHARGE IS BROUG	-T
a Name of Employer Square Onc (Formerly Springfield Day Nursery)		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) 947 Main St. Springfield, MA 01103	d. Employer Representative Patricia Guenette	e. Telephone No. (413) 732-5183 Fax No. (413) 739-0310
f. Type of Establishment(factory, mine, wholesaler, etc.) Child Care Program	g. Identify principal product or service Child Carc	(413) 139-0310
h. The above-named employer has engaged in anglis engaged in angli	e within the meaning of the Act, or these unfa	of the National Labor Relations Act, and these
had became cligible for Union membership due to	an increase in the United States and issued a directive to p	revent from working available relief
3. Full name of party filing charge (if labor organization, give United Automobile, Aerospace and Agricultural In	e full name, including local name and numbe implement Workers of America, AFL-C	r) IO Local 2322
4a, Address (Street and number, city, state, and ZIP code) 4 Open Square Way		4b. Telephone No. (413) 534-7600
HOlyoke, MA 01040		Fax No. (413) 534-7611
Full name of national or international labor organization organization) United Automobile, Aerospace and Agri		
By Stock Supposer and the above charge (singulare of representative or persid making charge)	 DECLARATION and that the statements are true to the 	best of my knowledge and belief. Organizer/Service Representative (Panutypa name and tills or allice, if any)
70 Potwine Lane Amhorst, MA 01002	(10x) (413) (413) 534-	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) such 8/21

INTERNET FORM NLR9-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case 1-CA-44213 Date Filed Oct. 2, 2007

INS1	R	14.	

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	b. Number of workers employed
Fletcher Allen Hauth Care	6000+
c. Address (Street, city, state, and ZIP code) d. Employer Representative	o Felenbore No. 179
All Cokhester Alenue Kon Enler	Fax No.
1. Type of Establishment (factory, mine, wholeseler, etc.) g. Identify principal product or service	
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of	of section B(a), subsections (1)
and (list subsections) DetCtdConcertd activity of the unfair labor practices after practices affecting commerce within the meaning of the Ad, or these unfair labor commerce within the meaning of the Ad and the Postal Reorganization Act.	ne National Labor Relations Act, and these r practices are unfair practices affecting
2. Basis of the Charge (set forth a clear and concise stelement of the facts constituting the alleged unfair labor,	practices)
Was retaliated against and terminent safety, work Condition, + Day Concer	ed for reporting
Safety, WORL Condition, + Day Concer	us to
management ara Human Mesmices	7.
3	
	ì
	1 1
0 1 10	11/2007
Sponed 10%	4/200/
3. Full name of nerty filling charge (If labor organization give full name, including local name and number)	
(b) (6), (b) (7)(C)	
4a. Addrass (Street and number city state and 7IP code)	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	Fax No.
Chit is an affiliate or constituent unit (to be filled	(in when chame is filed by a labor
organization)	The stage is most by a land.
(b) (c) (b) (7)(C) 6. DECLARATION	
(D) (O), (D) (7) (C) a read the above charge and that the statements are true to the best of	(b) (6), (b) (7)(C)
son making charge)	(Printiype name and title or office, if any)
Address (b) (6), (b) (7)(C) (s)	(C) 10/1/01
(Teleptione	NO.) (date)

INTERNET FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

-	-		
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DO NOT WRITE IN THIS SPACE

Case Date Filed

1-CA-44238

10/15/2007

INST	DIL	~	-	MC
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File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

	ER AGAINST WHOM CHARGE IS BROUGH	The state of the s
Name of Employer		b. Number of workers employed
ADC, Inc.		Greater than 50
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
95 Washington Street		978-640-0111
Tewksbury, MA 01876	III.	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Cable/Internet Installation		e/internet equipment and
The above-named employer has engaged in and is engaged and (list subsections) (3) Discrim		이 아이 경기에서 가게 하는 사람이 하지 않는 아니라 이 사람이 가게 하는데 그 없다.
unfair labor practices are practices affecting commerce		of the National Labor Relations Act, and the labor practices are unfair practices affecting
commerce within the meaning of the Act and the Posta		
Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfail	r labor practices)
The employee was terminat	ed from employment after	attempting to hold
a meeting with other tech	employees to discuss and	d react to employer's
announcement of a change		
tech installation employe		
2007.	the date of my term.	indition was management,
20071		
	full name, including local name and number,	
Full name of party filing charge (if labor organization, give	full name, including local name and number,	
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H		4b. Telephone No. 978-682-7273
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway		4b. Telephone No. 978-682-7273 Fax No.
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844	lomsey	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of	lomsey	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway	lomsey	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of national)	Iomsey f which it is an affiliate or constituent unit (to i	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of national)	lomsey f which it is an affiliate or constituent unit (to i	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor best of my knowledge and belief.
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of panization)	Iomsey f which it is an affiliate or constituent unit (to i	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor best of my knowledge and belief. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of anization) (b) (6), (b) (7)(C) harge	Iomsey f which it is an affiliate or constituent unit (to i	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor best of my knowledge and belief. (b) (6), (b) (7)(C) (Print/type name and title or office, if any
(b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) c/o Attorney Kenneth M. H 209 Broadway Methuen, MA 01844 Full name of national or international labor organization of enization)	f which it is an affiliate or constituent unit (to a 6. DECLARATION and that the statements are true to the	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor best of my knowledge and belief. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) ddress (Street and number, city, state, and ZIP code)	f which it is an affiliate or constituent unit (to a few constituent) of the few constituent unit (to a few constituent) of the few constituent unit (to a few constituent) of the few constituent).	4b. Telephone No. 978-682-7273 Fax No. 978-794-4785 be filled in when charge is filed by a labor best of my knowledge and belief. (b) (6), (b) (7)(C) (Print/type name and title or office, if an

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Josuel 10/16

INTERNET FORM NURB-601 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3612

DO NOT WRITE IN THIS SPACE Date Filed 1-CA-44242 10/12/2007

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 PAC.	 м.	п			м:

Case

. Name of Employer	TER AGAINST WHOM CHARGE IS BROUGHT	
		b. Number of workers employed
Precision Paintin	ng and Decotating	2
Address (Street, city, state, and ZIP oxide)	d. Employer Representative	e. Telephone No.
190 East Street		413 - 7410-1219 Fax No.
Type of Eatablishment (fectory, mine, wholesaler, etc.) PRINT COTHACTR WATCH	1 Paint and 3pra	y application's
. The shows-named employer has engaged in and is eng	gaping in untain labor practices within the meaning	g-df section 8(a), subsections (1)
and (list subsections) unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Posts	s within the meaning of the Act, or these unfair lat	f the National Lebor Relations Act, and these our practices are unfelr practices affecting
Basis of the Charge (set forth a clear and concise stateme	ont of the facts constituting the alleged unfair labo	or practicee)
The employer failed	topay all wages	s for hours
worked. The emplo	WAS INCOSSECTIVE DO	rid wages .
worker. The comple	HELL MICHELECTION FO	1.3 satornide
and omitted benef	its. The employer	ala non previer
timely pay and om deducted erroneous	itted explaination (au Hubs) and
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deducted erroreous		o u la contal
		II. II. I TOLONIII ICCI
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upon inquiry,	he employer wrong	itully letimate
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	ne employer wrong ng my employ, the and physical about	employer employer
		employer employer
displayed verbal	and physical about	employer employer
displayed verbal	and physical about	employer employer
displayed verbal full name of path films observe (b) (6), (b) (7)(C)	and Physical about	employer employer
tisplayed verbal (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	and physical about the full name, including local name and number) 7)(C)	employer use. (b) (6), (b) (7)(C)
my employ south of displayed verbal (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	and Physical about a full name, including local name and number) 7)(C) of which it is an affiliate or constituent unit (to be file.)	employer use. (b) (6), (b) (7)(C)
my employ During displayed verbal displayed verbal verbal (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	The full name, including local name and numbers To the full name, including local name and numbers The full name, including local name and numbers The full name including	employer LSE. (b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C) Red in when charge is filed by a labor
my employ south of displayed verbal (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	The full name, including local name and numbers To the full name, including local name and numbers The full name, including local name and numbers The full name including	employer LSE. (b) (6), (b) (7)(C) Fax No. (b) (6), (b) (7)(C) Flood in when charge is filed by a labor

WILLFUL PALSE STATEMENTS ON THIS CHANGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

INTERNET FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE Date Filed 10/23/2007 1-CA-44264

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Case

1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
TELEFURD		20-30
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No. 617 292 7700
59 TEMPLE PC	AT HAMES OFFICE	Cou Me
BOSTON, MA	A. J. HARRES, DERECTOR	
f. Type of Establishment (factory, mine, wholesaler, etc.) TELEMAN (ET a.C.)	FUNDARS WG	
h. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of s	ection 8(a), subsections (1)
and (list subsections) unfair labor practices are practices affecting commerce w commerce within the meaning of the Act and the Postal R	of the lithin the meaning of the Act, or these unfair labor preserganization Act.	National Labor Relations Act, and these actices are unfair practices affecting
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pra	ctices)
ON OR ABOUT FREDA	(b) (6), (b) (7)(C)	THE ABOVE -
NON ABOUT FREDE NAMED EMPLOYER, T	ELEFUND TERMENT	tren tale
CONCENTED PROTECTE	, (b) (7)(C) ∩∪€ -	(b) (6), (b) (7)(C)
CONSPITED PROTECTE	ACTEVERY.	
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(b) (6) (b) (7) (0	e and number)	
_(b) (6), (b) (7)(C		
(b) (c) (b) (7)(c)	\	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C		Fax No.
		Tax Tio.
 Full name of national or international labor organization of woorganization) 	hich it is an affiliate or constituent unit (to be filled in	when charge is filed by a labor
	6. DECLARATION	
B(b) (6), (b) (7)(C) above charge an	nd that the statements are true to the best of n	ny knowledge and belief.
narge)		(Printitype name and title or office, if any)
$^{\text{Address}}$ (b) (6) (b) (7)(C)	(fax) (b) (6) (b) (7/0- 10/1/2-2
(b)(b),(b)(1)(b)	(Telephone No.	10 do 7
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE	PUNISHED BY FINE AND IMPRISONMENT (U.S.	CODE TITLE 19 SECTION 1001)

Somed 10/24/2007

INTERNET FORM NLR8-501 (9-07)

UNITED STATES OF AMERICA MATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3612

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
1-CA-44267	Oct. 26, 2007		

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INSTRI		UΛ	13:

File an original together with four copies and a copy for each additional charged party named in Rem 1 with NLRS Regional Director for the region in which the alloged

	YER AGAINST WHOM CHARGE IS BROUGHT			
B. Name of Employer Chow Pun Food Group		b. Number of workers employed		
John Elkay, Prosident/Owner		Address (Street, city, state, and ZIP code) 201 Wayland Avenue Providence, RI 02906	John Elkay, President/Owner Red Gerstein, Attorney	
Type of Establishment (factory, mine, wholesaler, etc.) Restaurant	g. Identity principal product or service Food/Liquor	401-453-9918		
The above-named employer has engaged in and is e and (list subsections) 8A(1) unfair labor practices are practices affecting commerce within the meaning of the Act and the Post	ce within the meaning of the Act, or these unfair lai	f the National Labor Relations Act, and thes		
Full name of party filing charge (it lebor organization, giname (b) (6), (b) (7)(C)	we full name, including local name and number)			
		4b. Telephona No. (b) (6), (b) (7)(C) Fax No.		
(b) (6), (b) (7)(C) 1. Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No.		
(b) (6), (b) (7)(C) 1. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or International labor organization)		(b) (6), (b) (7)(C) Fax No. Fax No. fled in when charge is filed by a labor		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Duch 10/26

FORM NLR8-301 (9-07) FORM EXEMPT UNDER 44 U.S.C 1812

UNITED SYATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 1-CA-44295	Nov. 13, 2007	

INSTRUCTIONS:

File on original logether with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the sileged unfair labor practice occurred or is occurring.

1. LIVIPLOTER	AGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer Chow Fun Food Group		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) 201 Weyland Ave., Providence, RI, 02906	d. Employer Representative	e. Telephone No. (491-453-2077 Fex No.
f. Type of Establishment (factory, mine, wholeseler, etc.) Restaurant	g. Identify principal product or service Food and Beverage	
h. The above-named employer has engaged in and is engaging subsections) practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization	of the Natio	onal Labor Relations Act, and these unfair labor
La	ued 11/14	
3. Full name of party filing charge (if labor organization, give to (b) (6), (b) (7)(C)	full name, including local name and number,	
Full name of party filing charge (if labor organization, give labor)	and the second second	4b. Telephone No. (b) (6), (b) (7)(C)
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	and the second second	4b. Telephone No.
3. Full name of party filing charge (if labor organization, give in the file) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) (b) (6), (b) (7)(C)	full name, including local name and number,	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () be filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 161 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg., 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (6-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Case 1-CA-44313 Date Filed 11/16/20077

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor grantice occurred or is occurring.

unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS B	POLICUT
a. Name of Employer Enu rotech Cleaning Air, Inc	b. Number of workers employed
c. Address (Street, city, state, and ZIP code) 10 Spencer Street Street Street MA 02186-2616 Dennis Withel	e. Telephone No. 820 – 698 – 1300 Fax No.
L Type of Establishment (factory, mine wholesaler, etc.) Duct Claying Mold Remediation Duct Claying Mold Remediation Duct Claying Mold Remediation	Mold Remediation
h. The above-named employer has engaged in and is engaging in unfair labor practices within and (list subsections) unfair labor practices are practices affecting commerce within the meaning of the Act, or the commerce within the meaning of the Act and the Postal Reorganization Act.	the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the allege Oh about (b) (6), (b) (7)(C), 2007, the Employer discharged it employer (b) (b) (c) prefected concerts.	above vamed (6), (b) (7)(C) activities.
2 Full page of party filing charge (if labor organization, give full name, including local name and	11/21/2007
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent organization) 6. DECLARATION e and that the statements are true.	unit (to be filled in when charge is filed by a labor e to the best of the knowledge and belie.
By (D) (6). (D) (7)(C)	(Print/type name and tille or office, if any) (6), (b) (7)(C) W/6/07 (date)

UNITED STATES OF AMERICA NATIONAL LABO ELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WHITE IN THIS SPACE Case 1-CA-44335

Date Filed Nov. 26, 2007

NS	TRU	CT	ON	S.

(11-88)

File an original and 4 copies of this charge with NLRB Regional		
	GAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Herotek		200:
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
102 Christian lane	Lenise	413 665 8300
whately, Ma. 01393	200 000 0000	ext.2802
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
factor4/warehouse		
h. The above-named employer has engaged in and is engaged	aging in unfair labor practices within the	he meaning of section 8(a), subsections (1)
and (list subsections)		of the National Labor Relations Act.
and these unfair labor practices are unfair practices affect	ing commerce within the meaning of the	Act.
2. Basis of the Charge (set forth a clear and concise stateme	nt of the facts constituting the alleged u	nfair labor practices).
See attachment	Mumaratil	
Jee angument	wichgioi	
	Time	
	1ERMINATION	
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		10
		10
		10
		110
40.000	Salara Salara	The state of the s
By the above and other acts, the above-named employer rights guaranteed in Section 7 of the Act	has interfered with, restrained, and	coerced employees in the exercise of the
3. Full name of party filing charge (if labor organization, give	tull name_including local name and no	umber)
(h) (6) (h) (7)(C)		7.00
48.Ad (D) (O), (D) (1)(C)		I dh. Talashana Na
(h) (6) (h) (7)	\mathcal{M}	(b) (6), (b) (7)(C)
5 (5) (5), (5)		
by a labor organization)	affiliate or constitue	nt unit (to be filled in when charge is filed
1//	1	
· · · · · · · · · · · · · · · · · · ·	6. DECLARATION	
(In Carried State of the Carri	that the statements are true to the I	pest of my knowledge and bullef.
(b) (6), (b) (7)(C)		
By harge)	_	(title if any)
Address		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Teleph	one No.) (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001)

Dute essued 11/27/07

I am writing this letter to explain my side of the incident that happened Monday at work. It started at 9:57pm when asked (b) (6), (b) (7)(c) and (c) (6) to use the bathroom. I was busy cleaning up my area and I went around asking others if they needed any help. It was 9:59pm when I noticed that was walking up to started to yell at stating that was sick of going up to the time clock. stated that was coming from the bathroom and not standing at the time clock. I walked up to was still yelling while we were walking out. to "shut-up" and let's go stated that didn't deserve to get yelled at and walked out. When the car phone to explain to what had just taken place. was told that would e-mail boss and not to stress over what had just happened. told him that wouldn't receive a written warning.

The following day, Tuesday, we go into work and to explain the goes up to and is to stay away from you so situation. was told to stay away from things will go smoothly today. At about 5:30pm we were in the middle of working when standing directly across from us with two other people with two pieces of paper in his hand. It appeared that was showing these people what had in and talking about us because kept looking over at us. proceeded to walk over to us in an authoritative way. stated that "I got a present for you two". It spoke to us in a very demeaning and rude manner. tone was unprofessional and uncalled for. spoke to us in a very condescending manner. I was trying to speak to ignoring me and wouldn't provide me with any answers. Informed both of us that we were being written up and wouldn't explain why. requested that I sign the write up and I refused. I requested that show me the written warning and wouldn't show me. that I felt wrote me up unfairly just demanded that I sign the warning. I told and I didn't do anything. I feel that I have been dragged into the issues that I feel that I have been treated unfairly and am a victim in this situation. I enjoy my job a lot and would like to keep my employment with u guys.

started to get upset and yell back. I told wasn't going to explain why we were being written up then to just walk away and get someone else in charge who dose know what's going on then. had walked away and nothing productive was coming out of this. Or never got anyone for us to talk to us a about this either. walked away from us an came back to the table with two security guards and said to us that we needed to step to the side, get all of your things because you won't be coming back here ever again!! asked him if we were getting fired and said to us. I told that this was very unfair; we didn't do anything wrong and nobody explained things to us. I told that I am not going to let this go because this is wrongful termination. We were escorted out of the building with the security and laughing while we were walking out. After being fired as I was walking out of the building I was talking to myself and might have otter some swear words under my breath but it was not directed to anyone and it was not loud at all.

We phoned Arrow Tech to find out the status of our employment. We were told that we were suspended without pay pending investigation. I feel that treated us very unfairly and this wasn't the first time that had harassed us. I feel that targeted us because doesn't like us. had written us up in the past for things that we feel were unnecessary. I feel that there many people that have been fired, who were good employees, didn't like them. I and a lot of other people feel that ever since came to the department, there have been so many problems. I love my job and need my job I would like to come back there to work it was wrong what had done to me for no reason at all I am a victim. And this is why I was fired they said that I was swearing and I was way out of line? I said to them when was I out of line and they were wrong. The security guards said that I was swearing and there the reason im fired but they also work for the company and they don't want to lose their jobs either.

Sincerely, (b) (6), (b) (7)(C) FORM NLR8-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
1-CA-44346	// 11/28/2007	

INSTRUCTIONS:

	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Carquarters dba Sterling Autobody Centers, Sterling Collision Centers		b. Number of workers employed 1300
Address (Street, city, state, and ZIP code) Dan Lajoie, Director, Store Administration		e. Telephone No. (508-651-5304 Fax No.
	Director, Store Administration	(508-651-5481
Type of Establishment (factory, mine, wholesaler, etc.) 651-5481	 g. Identify principal product or service Auto body collision/repair services 	
h. The above-named employer has engaged in and is engage subsections)	of the National L ning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
On(b) (6), (b) (7)(C) 2007 the above named employ	yer, by its agents entered and same	, discharged its employee
(b) (6), (b) (7)(C) for engaging in protected cond	certed activities.	
(b) (6), (b) (7)(C) for engaging in protected cond 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	Smed 17	/29/2007
(b) (6), (b) (7)(C) for engaging in protected condi- 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	Smed 17	
(b) (6), (b) (7)(C) for engaging in protected condi-	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () - ed in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

14135347611

FORM NLRB-501 (9-07)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3612

DO NOT WRITE IN THIS SPACE Case Date Filed 1-CA-44388 Dec. 21, 2007

INS	TRU	CT	IONS:
11-			10113.

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROU	IGHT
a. Name of Employer Square One (formerly Springfield Day Nursery)		b. Number of workers employed 100
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No. (413-733-5183
947 Main St. Springfield, MA 01103	Patricia Guenette	Fax No. (413-739-0310
Type of Establishment (factory, mine, wholesaler, etc.) Child Care	g. Identify principal product or service child care	1(1)01000010
n. The above-named employer has engaged in and is engage subsections; 8(a)3	ing in unfair labor practices within the meaning	
practices are practices affecting commerce within the mea- within the meaning of the Act and the Postal Reorganization	aning of the Act, or these unfair labor practice	onal Labor Relations Act, and these unfair labor as are unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme		labor practices)
		the employees in the exercise of the $12/21/2007$
Over the past 6 months the employer has interferights guaranteed in Section 7 of the Act. Full name of party filing charge (if lebor organization, give United Automobile, Aerospace, and Agricultura)	Somesad full name, including local name and number,	12/21/2007
rights guaranteed in Section 7 of the Act. Full name of party filing charge (if lebor organization, give United Automobile, Aerospace, and Agricultura	Somesad full name, including local name and number,	12/21/2007
rights guaranteed in Section 7 of the Act. Full name of party filing charge (if lebor organization, give United Automobile, Aerospace, and Agricultura a. Address (Street and number, city, state, and ZIP code)	Somesad full name, including local name and number,	12/21/2007 FL-CIO, Local 2322
rights guaranteed in Section 7 of the Act. Section 7 of the Act.	full name, including local name and number, I Implement Workers of America, Al	12 21 2007 FL-CIO, Local 2322 4b. Telephone No. 418 -534-7600 Fax No. (4) 3-534-7611 be filled in when charge is filled by a labor
Full name of party filing charge (if labor organization, give United Automobile, Aerospace, and Agricultura a. Address (Street and number, city, state, and ZIP code) 4 Open Square Way Holyoke, MA 01040 5, Full name of national or International labor organization of organization) United Automobile, Aerospace, and A	full name, including local name and number, il Implement Workers of America, All f which it is an affiliate or constituent unit (to Agricultural Implement Workers of Americal Agricultural Implement Workers of American Agricultural Implement	FL-CIO, Local 2322 4b. Telephone No. 41B -534-7600 Fax No. (4) 3-534-7611 be filled in when charge is filed by a labor merica. best of my knowledge and belief.
Full name of party filing charge (if lebor organization, give United Automobile, Aerospace, and Agricultura a. Address (Street and number, city, state, and ZIP code) 4 Open Square Way Holyoke, MA 01040 5, Full name of national or International labor organization of organization) United Automobile, Aerospace, and A	full name, including local name and number, il Implement Workers of America, All f which it is an affiliate or constituent unit (to Agricultural Implement Workers of Americal Agricultural Implement Workers of American Agricultural Implement	12 21 2007 FL-CIO, Local 2322 4b. Telephone No.

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